

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL**FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Tidemand et al.**  
TITLE: **CONNECTOR HEADER FOR AN IMPLANTABLE MEDICAL DEVICE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 331 792 020 US, on this 11TH day of DECEMBER, 2003.



LAURIE L. GRUBE

Printed Name

Signature

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**☒ **Specification:****Total pages: 48** (including claims and abstract: Spec. 37 sheets; Claims 10 sheets; Abstract 1☒ **Drawings:**Total sheets: 10☒ formal ☐ informal☒ **Combined Declaration and Power of Attorney:**☒ executed☐ copy from prior application☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*☒ **Accompanying application parts:**☐ Notification of filing a☐ Assignment of the Invention to Medtronic, Inc.☐ Assignment cover sheet☐ Information Disclosure Statement☐ PTO Form 1449☐ Copies of IDS citations☐ Preliminary Amendment☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.☒ Return Postcard**IF A CONTINUING APPLICATION:**☒ **Continuation-in-part (CIP) of prior application**☐ **Amend the specification by inserting before the first line the sentence: --This application is a \_\_\_\_\_ of application Serial No. \_\_\_\_\_, filed \_\_\_\_\_, now allowed.--**☐ **Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)**☐ **The prior application is assigned of record to Medtronic, Inc.**☐ **The Power of Attorney in the prior application is to: \_\_\_\_.**

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	37	20 =	17	x 18	\$306.00
Independent Claims	2	3 =	0	x 86	
Multiple Dependent Claims			0	+ 290	
Basic Filing Fee					\$770.00
				TOTAL	\$1,076.00

X Charge Deposit Account No. 13-2546 in the amount of **\$1076.00** for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

12/11/05

  
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